

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # M68444

1. Entity Name
KINDEL LANES, INC.



Principal Place of Business
**C/O JEFF KINDELSPIRE
4679 HWY 90
MARIANNA, FL 32446**

Mailing Address
**C/O JEFF KINDELSPIRE
4679 HWY 90
MARIANNA, FL 32446**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2874031

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KINDELSPIRE, JEFF
4679 HWY 90
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KINDELSPIRE, JEFF
STREET ADDRESS	6095 HWY 90
CITY-ST-ZIP	MARIANNA, FL
TITLE	ST
NAME	KINDELSPIRE, LUANN
STREET ADDRESS	6095 HWY 90
CITY-ST-ZIP	MARIANNA, FL
TITLE	VP
NAME	KINDELSPIRE, JASON
STREET ADDRESS	6095 HWY 90
CITY-ST-ZIP	MARIANNA, FL
TITLE	V
NAME	KINDELSPIRE, JAYLE
STREET ADDRESS	3227 SALEN CHURCH ROAD
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	V
NAME	KINDELSPIRE, JANTEZEN
STREET ADDRESS	3227 SALEN CHURCH ROAD
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80024-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Kindelspire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-6

Date

850

526-4492

Daytime Phone #